

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
ROBERT EVANCHICK, in his official capacity
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1800 Elmerton Avenue Harrisburg, PA 17110-9758

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	14
	Check for service on U.S.A.	NOT US

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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**ROBERT EVANCHICK IS, ACTING STATE POLICE COMMISSIONER.
THE ADDRESS IS PSP HEADQUARTERS.**

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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Address (complete only different than shown above)	Date _____	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

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3. NOTICE OF SERVICE
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PRIOR EDITIONS MAY BE USED

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
BRADLEY J. GETZ, in his official capacity
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
8320 Schantz Road, Breinigsville, PA 18031

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	14
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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PENNSYLVANIA STATE POLICE at Breinigsville, PA

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

PENNSYLVANIA STATE POLICE at Breinigsville, PA

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN SERVE AT { TYREE C. BLOCKER, in his official capacity ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1800 Elmerton Avenue Harrisburg, PA 17110-9758	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031


Number of process to be served with this Form 285	1
Number of parties to be served in this case	14
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ROBERT EVANCHICK IS, ACTING STATE POLICE COMMISSIONER.
THE ADDRESS IS PSP HEADQUARTERS.

Signature of Attorney other Originator requesting service on behalf of:  Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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Address (complete only different than shown above)

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Signature of U.S. Marshal or Deputy

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
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PROCESS RECEIPT AND RETURN
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PLAINTIFF EDWARD THOMAS KENNEDY		COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.		TYPE OF PROCESS complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN TYREE C. BLOCKER, in his official capacity	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1800 Elmerton Avenue Harrisburg, PA 17110-9758	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285 1
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031		Number of parties to be served in this case 14
		Check for service on U.S.A. NOT US

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PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint
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EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

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Signature of Attorney other Originator requesting service on behalf of:  Edward Thomas Kennedy	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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Form USM-285
Rev. 12/15/80
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
TYREE C. BLOCKER, in his individual capacity
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1800 Elmerton Avenue Harrisburg, PA 17110-9758

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 14
	Check for service on U.S.A. NOT US

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

**ROBERT EVANCHICK IS, ACTING STATE POLICE COMMISSIONER.
THE ADDRESS IS PSP HEADQUARTERS.**

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
---	---	---------------------------------------	------------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

**SERVE
AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

RICHARD H. D'AMBROSIA, in his official capacity
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2930 Airport Road (PA-987) Bethlehem, PA 18107-2149

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285	1
Number of parties to be served in this case	14
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RICHARD H. D'AMBROSIA, Captain
in his official and individual capacities,
PENNSYLVANIA STATE POLICE TROOP M

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

Edward Thomas Kennedy

TELEPHONE NUMBER

4152751244

DATE

APRIL 9, 2018

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☐ pm

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EDWARD THOMAS KENNEDY
401 TILLAGE ROAD
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285	1
Number of parties to be served in this case	14
Check for service on U.S.A.	NOT US

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

RICHARD H. D'AMBROSIA, Captain
in his official and individual capacities,
PENNSYLVANIA STATE POLICE TROOP M

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

Edward Thomas Kennedy

TELEPHONE NUMBER

4152751244

DATE

APRIL 9, 2018

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
RICHARD H. D'AMBROSIA, in his individual capacity
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2930 Airport Road (PA-987) Bethlehem, PA 18107-2149

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
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PENNSYLVANIA STATE POLICE TROOP M

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
PENNSYLVANIA STATE POLICE
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1800 Elmerton Avenue Harrisburg, PA 17110-9758

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of parties to be served in this case	14
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Office of Chief Counsel 1800 Elmerton Avenue Harrisburg, PA 17110
Joanna N. Reynolds Chief Counsel, <http://www.psp.pa.gov/contact/Pages/bureau-and-office-directory.aspx>.
Telephone: (717) 783-5568 Fax: (717) 772-2883 (Business Hours 7:00 am – 4:30 pm)

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

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PENNSYLVANIA STATE POLICE
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

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PENNSYLVANIA STATE POLICE
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

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PENNSYLVANIA STATE POLICE
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

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ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
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U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
LESLIE S. RICHARDS, in her official capacities,
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 400 North Street, 8th Floor, Harrisburg, PA 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
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400 North is the Keystone Building Harrisburg, PA 17120 and 2 complaints,
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Address (complete only different than shown above)	<table border="1"> <tr> <td>Date</td> <td>Time <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td colspan="2">Signature of U.S. Marshal or Deputy _____</td> </tr> </table>	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm	Signature of U.S. Marshal or Deputy _____	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm				
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PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PROCESS RECEIPT AND RETURN

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

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ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
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Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
LESLIE S. RICHARDS, in her official capacities,
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
400 North Street, 8th Floor, Harrisburg, PA 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	14
	Check for service on U.S.A.	NOT US

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

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DEFENDANT ROBERT EVANCHICK et. al.		TYPE OF PROCESS complaint	
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SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
<u>EDWARD THOMAS KENNEDY</u> <u>401 TILLAGE ROAD</u> <u>BREINIGSVILLE, PA 18031</u>		Number of parties to be served in this case	14
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DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

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PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
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SERVICE OF PROCESS TO: Jason D. Sharp, Chief Counsel
400 North is the Keystone Building Harrisburg, PA 17120

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
400 North Street, 8th Floor, Harrisburg, PA 17120

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	14
	Check for service on U.S.A.	NOT US

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

SERVICE OF PROCESS TO: Jason D. Sharp, Chief Counsel
400 North is the Keystone Building Harrisburg, PA 17120

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES

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2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GREGORY D. JOHNSON, IN HIS OFFICIAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1025 Peters Mountain Road Dauphin, PA 17018.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
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1025 Peters Mountain Road Dauphin, PA 17018. Phone: (717) 921-8007. Fax: (717) 921-3585.

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☐ DEFENDANT

TELEPHONE NUMBER

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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER NEW
DEFENDANT ROBERT EVANCHICK et. al.	TYPE OF PROCESS complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GREGORY D. JOHNSON, IN HIS individual CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1025 Peters Mountain Road Dauphin, PA 17018.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	14
	Check for service on U.S.A.	NOT US

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

1025 Peters Mountain Road Dauphin, PA 17018. Phone: (717) 921-8007. Fax: (717) 921-3585.

Signature of Attorney other Originator requesting service on behalf of: <i>Edward Thomas Kennedy</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 4152751244	DATE APRIL 9, 2018
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AT**

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BREINIGSVILLE, PA 18031

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☐ DEFENDANT

Edward Thomas Kennedy

TELEPHONE NUMBER

4152751244

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APRIL 9, 2018

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